2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# N02000000392

Entity Name: MARINELAND INSTITUTE, INC.

Current Principal Place of Business:

9610 OCEAN SHORE BLVD.
MARINELAND, FL 320808613

New Principal Place of Business:

Current Mailing Address:

9610 OCEAN SHORE BLVD.
MARINELAND, FL 320808613

New Mailing Address:

FEI Number: 03-0379781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMPP, JOY
9610 OCEAN SHORE BLVD.
MARINELAND, FL 320808613 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JACOBY, JAMES F	
Address:	237 MARINE CENTER DR.	
City-St-Zip:	MARINELAND, FL 32086	
Title:	D	( ) Delete
Name:	ANDERSON, PETER A.V.	
Address:	9505 OCEAN SHORE BLVD.	
City-St-Zip:	MARINELAND, FL 32080	
Title:	D	( ) Delete
Name:	COLE, DAVID	
Address:	8669 36TH ST. NW, STE. 300	
City-St-Zip:	MIAMI, FL 33166	
Title:	D	( ) Delete
Name:	HILLESTAD, HILBURN O	
Address:	1000 ABERNATHY RD., STE. 1250	
City-St-Zip:	ATLANTA, GL 30328	
Title:	D	( ) Delete
Name:	HANKINSON, JOHN JR	
Address:	718 PINETREE DR.	
City-St-Zip:	DECATUR, GA 30030	
Title:	D	( ) Delete
Name:	HOOVER, LACEY	
Address:	4523 SW 64TH AVE.	
City-St-Zip:	MIAMI, FL 33155	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F. JACOBY D 03/17/2005
Electronic Signature of Signing Officer or Director — Date